

PART B - FEE(S) TRANSMITTAL

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22850 7590 07/27/2006

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(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/647,336	08/26/2003	Takaya Suda	241858US2	3540

TITLE OF INVENTION: MEMORY CARD AUTHENTICATION SYSTEM, MEMORY CARD HOST DEVICE, MEMORY CARD, STORAGE AREA SWITCHING METHOD, AND STORAGE AREA SWITCHING PROGRAM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	10/27/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
LANE, JOHN A	2185	711-163000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list <input type="checkbox"/> (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, <input type="checkbox"/> (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	OBLON, SPIVAK, 1 <input type="checkbox"/> McCLELLAND, MAIER 2 <input type="checkbox"/> & NEUSTADT, P.C. 3 <input type="checkbox"/>
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE KABUSHIKI KAISHA TOSHIBA	(B) RESIDENCE: (CITY and STATE OR COUNTRY) Tokyo, JAPAN	1400.00 OP 300.00 OP 30.00 OP
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Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:	4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)
<input checked="" type="checkbox"/> Issue Fee	<input type="checkbox"/> A check is enclosed.
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<input checked="" type="checkbox"/> Advance Order - # of Copies <u>-10-</u>	<input checked="" type="checkbox"/> The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number <u>15-0030</u> (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Typed or printed name

Joseph Scafetta, Jr.

Date

SEP 21 2006

Registration No.

Reg. No. 26,803

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